Į	PAIEN	Effe		ober 1, 20		N REC	ORI	2	10/	8	118	5h		
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
Ľ	OTAL CLAIM	S	90			•		RATE	FEE	7	RATE	FEE		
۶	OR		NUMBE	NUMBER FILED N		REXTRA]	BASIC FE	E 385.00	OR	BASIC FE	F 770.00		
7	OTAL CHARGE	ABLE CLAIMS	↑ Q minus 20= •		•	<u></u>	1	XS 9=		OR	X\$18=			
IN	DEPENDENT (CLAIMS	minus 3 = *		•			X43=	 	-	l vac	100		
MULTIPLE DEPENDENT CLAIM PRESENT						4		A43=	-	-IOR	X86=	1///		
						,	+145=		OR	+290=	L			
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	947		
CLAIMS AS AMENDED - PART II									OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_	1.1.	(Column 1) (Column 2) (Column 3)						SMALL		OR T	SMALL	,		
AMENDMENT A	1/30/06	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	1.20	Minus	1-2	0 -	0		X\$ 9=		OR	X\$18=			
AME	Independent	1.5.	Minus		> -			X43=		OR	X86=	·		
_	FIRST PRES	ENTATION OF M	ULTIPLE DE	PENDENT	CLAIM		!	+145=		OR	+290=			
					•		L	TOTAL		4	YOTAL			
		(Column 1)		(Colum	i 2) (C	olumn 3)	A	DDIT. FEE	L	OR	ADDIT. FEE			
AMENDMENT B		CLAIMS		HIGHE	ST		Г		ADDI-) [ADDI-		
		AFTER AMENDMENT		PREVIOL PAID F	JSLY	RESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE		
	Total	•	Minus	**	. =			X\$ 9=		OR	X\$18=			
AME	Independent		Minus	***	=			X43= ·	·	OR	X86≈			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=			
								TOTAL DDIT, FEE		OR A	TOTAL DDIT, FEE	<u>.</u>		
ġ		(Column 1)		(Column	12) (Co	olumn 3)								
Ž	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	SLY E	RESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE .	ADDI- TIONAL FEE		
	Total	•	Minus	**	=			X\$ 9=		OR	X\$18=			
	Independent	•	Minus	***	-		\vdash			. 				
Γ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-	X43=		OR	X86=			
							+	145=	I	OR	+290=			
11	If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								· ·	OR A	TOTAL DIT. FEE			
	he "Highest Num!	ber Previously Paid	For (Total or	independent)	is the high	est number	lound	in the appr	opriate box	in colur	nn 1.			

Application or Docket Number